

<b>Case Number:</b>	CM14-0081979		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female who reported right ankle and left shoulder pain from injury sustained on 07/30/13. She was walking down the steps, twisted her ankle and fell to the ground. X-rays of the left hip was normal. MRI of the left hip was unremarkable. MRI of the lumbar spine was unremarkable. MRI of the right ankle revealed tenosynovitis of flexor hallucis longus tendon; small effusion of talofibular, tibiotalar and subtalar joint; small cyst of the calcaneus and talus. MRI of the left shoulder revealed infrapinatus tendinosis; minimal subacromial and subscapularis bursitis. Patient is diagnosed with right ankle sprain and left shoulder strain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 10/21/13, patient states that the therapy and acupuncture helped decrease her pain temporarily. She is able to do more activities of daily living. She states that the medication helps decrease her pain temporarily. Per medical notes dated 04/28/14, patient complains of moderate left shoulder pain with overhead activity. She states that the therapy and acupuncture helped decrease her pain temporarily. She is able to do more activities of daily living. Per medical notes dated 05/12/14, patient complains of left hip and foot pain. Pain is aggravated by activity and walking. Pain is rated at 3/10 with medication and 7/10 without medication. Provider is requesting additional 6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9: "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 04/28/14, "she states that the therapy and acupuncture helped decrease her pain temporarily". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.